The aspect of proficiency in the theoretical overview of pedagogical practice of nurses

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Abstract

The levels of the professional skills development create a hierarchy where each of the higher levels includes the lower one. The margins are heterogeneous with many entrances and exits that ensure integration of new experience and judgements. The professional development process can change the nurse’s personal attitude and values that form a holistic understanding of the situation followed by the approach in the education of patients. Proficiency is one of the highest levels of professional development, when the working process is enriched by experience, feedback, and reflection.

Keywords: nurse; proficiency; pedagogy; process, reflection

1. Introduction

Patient education is Article 25 of the universal Declaration of Human Rights, and Article 4 of Patients' Rights Law - The right for information, the ethical principle of respect and a component of the nursing professional standard that prove the examples of good practice. The patient, with the exception of life-threatening situations, and when the relatives or contact persons are not available, receives educational information on expected handling, treatment and care processes, medication, and all that is followed by the agreement on the part of the patient to receive treatment, rehabilitation or prevention process.
Nursing practice, including pedagogy, includes personal, professional, tacit knowledge (Moule, Goodman, 2009), which results in a multi-faceted body of knowledge. Nursing knowledge is synthesized into formal, non-formal and informal education, professional experience, and as a result these are integrated into patient health preservation, improvement or stabilization of the condition, patient safety, and positive outcome. Practical medicine is impossible without application of comprehensive technology to specify and determine a diagnosis and monitor patients' health. However, by all means, in the context of each case communication, the dialogue with the individual patient, his relatives or patients are designed. Verbal communication, complemented by educational strategies and selected educational resources appropriate for each situation, is a big part of the anticipated positive result in raising the patient's awareness or the replenishment of providing mutual understanding of the health / sickness framework. To achieve the objectives of the theory and practice of effective collaboration in the process of patient education, adequate communication should be chosen (Ivarsson, Nilsson, 2009) the patient's age and general state of health should definitely be considered. Communication can be seen as patient education centre (Kraszewski, & McEwen, 2010), both in educating individual patients and groups of patients.

The verbal and non-verbal aspects are important in the process of patient education, because it will help to reinforce the confidence of patients, which is the background for further cooperation and formation of expectations. Patient education is a multifaceted theoretical and academic knowledge, oratory, debate and set of artistic attitudes, which should be focused on the development of positive cooperation and understanding of patients. 
In nursing practice pedagogical skills are based on the acquisition of interdisciplinary science, basics of medicine, in addition to communication and general psychology, sociology and philosophy, learning by studying, the theory (epistemology), topical problem solving and updating, as well as identification of the appropriate methods (methodology) applicable to different practices and situational dimensions.

Integration of organization skills of the pedagogical process in interaction with patients / relatives / public certifies the range spectrum of nurses' cognitive, affective, and psychomotor development. Pedagogical skills necessary to ensure patients' understanding of the factors and aspects that can be a discovery for them are significant in “here and now “perspective, short or long time range, allowing the patient's individual personal judgment of the assumption and autonomy.

![Fig.1. Components of the implementation of pedagogical paradigm](image)

It is important to clarify the patient's existing knowledge base in the patient education process to be able to move step by step towards the goal, but at first the goal is to be identified. The patient's existing knowledge and personal values should be considered and respected. Variable standpoints are possible in the cooperation / educational process. Not only the patient's physical ability range should be taken into account, but also the cognitive level of the individual areas of the personality, typological characteristics of the individual, the horizon of the individual and the patient's personal competence. A possible agreement in the realization of the set of goals is desired, because if
patients have confidence in their abilities, it will contribute to the motivation and will serve as confirmation of proper educational tactics.

Combinations of methods should often be applied in the education process; the choice depends on the individual's comprehension abilities. The type of the interaction level chosen by a nurse should preferably be in a horizontal plane. That will ensure a successful influence on the educational process and the quality of performance of the activities. Involvement of biased predictions should be avoided in the educational process. It is important to emphasize the focus on cognitive learning based on awareness creation and through abstract concepts, but through active reflexive dimension. Situation modelling application in the form of “what if ...” is possible.

Patient educational process is partly affected by both the nurses’ personal qualities – her initiative, cooperation, organizational skills and cognitive skills. The skill set focused on the critical thinking process and based on diversified competencies when assessing personally and offering the patient to choose the most appropriate form of cooperation is the beginning of professional proficiency.

Members of the public and patients, not always accept possible behavioural changes that ensure health improvement and maintenance suggested by nurses unambiguously. Sometimes a long-term collaboration with a patient/a group to encourage members to further action, to help them understand and apply adequately the knowledge of health and/or disease awareness using a variety of pedagogical methods based on education, psychology, and nursing theory aspects, which are based on aspects of human needs.

On the part of patients/members of society motivation is viewed as important in the successful implementation of the educational process:

• internal- internal locus of control - personal interest in activities, choice, belonging, participation, wellbeing, understanding of health as a value;
• external - external locus of control, external evaluation, influence of social processes.

During the practice, the totality of practical skills is viewed in the context of professional responsibility, empathy, and respect for the patient/individual as an independent person. Pedagogical activities are developed by a nurse when gaining experience, supported by intuition or hidden knowledge (Davies, 1993), which helps to provide an individualized approach specific to the context of the case. Teaching tools, appropriate methods and timely application of those are essential for patients/relatives' cognitive enhancement (Halse, Fonnes, & Christiansen 2013) and goal achievement. Educational process can be transformative (Mezirow, 1997) and integrative creating new views and insights, activities and motivations, or reconstructive - modifying existing assumptions, beliefs, health challenges, consciousness about health improvement as a value. Patient education includes critical approach and substantiation of activities.

Campbell C. (Campbel, 2013) states that adult motivation for information and education, primarily arises from the need and a specific case, noting that age may contribute to individual motivations. In same health care institutions patient education is planned, sequenced and shared by doctors and nurses. Quite frequent are the cases when, thinking that a patient's doctor or nurse will educate the patient, providing him/her with the necessary information, the patient education is not acquired from the persons involved in this case. One can also face a risk-averse, fast, non-specific communication implementation model when implementing patient education and as a result, the patient/relatives receive only a part of information, resulted by an incomplete information transmission/reception which can lead to negative consequences.

Pedagogical skills could be promoted already during the formal study process in nursing education by providing a simulation of patient participation (Saaranen, T., et all. 2013), improving the understanding of kinaesthetic, visual, auditory, communicative processes and their application possibilities, practical awareness of communication and significance of the outcomes of patient education.

The set of teaching practice focused on proficiency is formed by the integration of humanistic (Maslow, 1943 Heylighen, 1992), cognitive (Vygotsky, 1978) and constructive (Dewey, 1930, 1938) (Strode, 2003) theories.

2. Aspects of nurses professional proficiency

Proficiency as a concept is applied to the assessment of professional skills in a wide spectrum of professional fields, like technology, language learning, piloting aircraft and others. It should be noted that the concept is used in everyday life relatively infrequently. A simplified view of proficiency shows it as good governance of professional knowledge, skills and competencies. Foreign language translations do not point out any differences.
For researchers in scientific studies that analyse nurses’ professional development, generally two professional development stages are compulsory, namely – a competent employee (Khan, Ramachandran, 2012; Bartolone, 2008) and an expert (Rivers, 2003; Gobet, Chassy, 2008, Underwood 2013, Cromley, 2000). They are relatively frequent as a focus of research. On the other hand, proficiency as the main focus of research is relatively uncommon.

Fig.2. Five stages of professional development of nurses.
The source adapted from P. Benner „From Novice to Expert”: Excellence and Power in Clinical Nursing Practice, Commemorative Edition” (2001)

Nurses’ professional progress from one stage to the next depends on the quality of the experience of the previous stage and manifests in the personal skills capacity that transforms into a personal professional type of tactics. The nurse treats each case as a discovery in spite of a variety of possible factors affecting the case in the solution of which pedagogical skills are integrated. Different authors have viewed professional development stages creating their own theoretical ideas and confirming previous findings.

<table>
<thead>
<tr>
<th>Author</th>
<th>Main scientific opinions</th>
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<tbody>
<tr>
<td>H.&amp;St. Dreyfus model (1986)</td>
<td>Define the levels of professional development when everybody has equal opportunities to develop step by step from a novice level to a worker with experience, a competent employee, proficient, often called a professional, followed by expert until the professional worker becomes a generator of new ideas, a master.</td>
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<tr>
<td>Benner P. (2001)</td>
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<tr>
<td>Benner, P Tanner, Ch., Chesla C. (2009)</td>
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<td>Harper, 2009;</td>
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<tr>
<td>Jasper, M. (2011)</td>
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<tr>
<td>Robinson-Walker , C. (2013)</td>
<td>Holistic, analytical approach, rational decisions in defining knowledge, skills and responsibilities are described in the proficiency phase: knowledge - a deep, broad understanding of the field of work, working standard - fully met and regularly integrated in action, autonomy - is able to take full responsibility for his/her actions (if necessary for others), overcoming difficulties - safe decision-making, may act in difficult situations, contextual, holistic conception – see’s the “image” as a whole and the individual action, in its in a particular case is able to decide independently and act analytically from the experience and awareness of the situational perspective.</td>
</tr>
<tr>
<td>Khan, K &amp; Ramachandran, S. (2012)</td>
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<td>Lester St.(2005)</td>
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Professional skill levels form a hierarchy where each of the higher levels includes all lower levels. Professional development is based on conceptual understanding and practical integration of effective operation to perform the duties in educating patients at the highest possible quality. The operational process and its result may be affected by external (work organization) and internal factors (nurse’s/patient's personality traits, values and motivation to learn something new).

<table>
<thead>
<tr>
<th>Dictionary</th>
<th>Definition</th>
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<tr>
<td>Pedagogical terms glossary (2000)</td>
<td>The skill, based on professional experience, as well as understanding in a particular area, to use one’s knowledge and experience in concrete action in the range of issues.</td>
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<tr>
<td>Merriam-Webster Online dictionary</td>
<td>Synonyms of proficiency - masterful, qualified, skilful or in related words – competent, clever</td>
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</table>
The explanations of the word "proficiency" in the range of dictionaries have similar trends, revealing the essential features, attributes, relationships, but giving no clear-cut explanation of the word, which allows the use of different interpretations according to the application.

Professional proficiency has no linear progression of development, but a spiral nature which provides access to new ideas, experience, knowledge, transformative recognitions (Mezirow 1978, Elliott, 2010; Renigere, 2012). As a result, nurses’ professional attitudes and values increase based on knowledge and experience, which opens up a wide vision, allows understanding of possible alternative actions or solution methods.

<table>
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<tr>
<th>Levels of competences</th>
<th>Way of development</th>
<th>Study process</th>
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<tbody>
<tr>
<td>Novice: can appreciate and adapt to a deviation from the basic laws and procedure descriptions</td>
<td>There is no difference between rules and the context in which the rules are applied</td>
<td>10% transformation of own action</td>
</tr>
<tr>
<td>Novice with experience: can assess and adapt to important aspects of situations</td>
<td>Transition from dictated activities to actions dictated by the situation</td>
<td>30% transformation of own action</td>
</tr>
<tr>
<td>Practicing (competent): can assess and adjust to deviations from the model</td>
<td>Transition from activities dictated by the situation to actions dictated by the general plan</td>
<td>50% transformation of own action</td>
</tr>
<tr>
<td>Professional (proficient): can assess and adjust to deviations from the model</td>
<td>Transition from activities dictated by the general plan to actions dictated by intuition</td>
<td>70% transformation of own action</td>
</tr>
<tr>
<td>Expert: can evaluate and focus on critical factors in a situation</td>
<td>Actions and situations are synonymous</td>
<td>90% transformation of own action</td>
</tr>
</tbody>
</table>

In order to improve their knowledge in the process of professional development, it is important for nurses, when continuing their education in a formal and informal way to supplement their knowledge in the field of pedagogy which can develop nurses’ professional proficiency.

3. Proficiency aspects of patient education

Authors Morasha E.M. and Moynagh V.D. (Morasha, & Moynagh, 1998) emphasize that proficiency is formed by general skills in interpersonal relationships and communication, analytical and conceptual thinking as well as three levels of professional knowledge: basic knowledge, working knowledge and in-depth knowledge, skills and experience, the set of which includes the ability to apply concepts, principles and techniques appropriate to the situation.

The concept of proficiency includes conceptual, content (Rowan, et. all. 2001), procedural and strategic knowledge. Notable are the knowledge and understanding adjusted to the individual case based on observation, intuition or hidden knowledge, as well as empathy, flexibility and responsiveness of nurses.

It is essential to know when and how to communicate with patients, when and how to educate, understand the right timing for the provision of information, for information replenishment, ensure the provision of repeatability of information, change of the selected information methods, change or postpone part of the educational process till later. This kind of ethical, pedagogical, psychological and communicative aspect is also essential to testify to nurses’ professional and pedagogical proficiency.

While ensuring the pedagogical process in the system "nurse – patient", the internal and external amplifiers of the cooperation should be identified and assessed to provide patient-centred education based on the individual's level of comprehensive and efficient information transmission, reception and evaluation.

Understanding the nature and regularities of pedagogy the nurse can actualize the emphases to be observed through the process of education. Nurses must assess patients’ cognitive level, cultural differences (Danielson,
2013), develop the ability to make decisions in accordance with the patient's cultural values (Bednarz, et all. 2010), because one solution does not fit all cases. Individualized approach is essential in order to build the patient's expectations and confidence in their own abilities, to develop patient collaboration in health maintenance, improvement or disease prevention.

The model of the professional development nursing profession's has been adapted by a nurse - Professor P. Benner (Benner, 2001). She describes the level of proficiency of a nurse as the ability "to feel the clinical situations." Professional level of proficiency is a stage between a competent staff- member and an expert, when the adjustment processes of meta-cognitive and ethical knowledge, moral responsibility, professionall activity, communication and intuition balance are activated. Intuition as one of the defining characteristics of the proficiency stage and empirical experience extend the nurse's spiritual and intellectual platform. It allows them to deviate from the theoretical ideas, to adopt a decision that is analytical, deliberate, and appropriate to the situation, to apply an appropriate teaching method, a way of collaboration and to predict how the situation is going to progress. Intuition as a phenomenon is difficult to measure (Gobet, Chassy, 2008), whereas the experience factors build an individual's professional self-efficiency can be considered in the light of the social cognitive career theory (Brown, et all 2000).

In the context of proficiency a major emphasis is to be put on the nurse’s individual skills to strengthen her personal cognitive balance and tolerance (Haider, 1958; Malle, 2008). Cognitive consequences of balance (Gawronski, Strack, 2012) have an essential meaning in interpersonal communication to exclude the situation 'like – dislike'.

In theory, the term proficiency could be partly attributed to the term wisdom (Uhrenfeldt, Hall 2007; Strode, 2010). A proficient nurse, having identified the expected performance and having supported it by the objective to be achieved, does not forget to evaluate possible achievement indicators that point to the progress of the process or the possible obstacles that require consideration of the repetition, suspension or reformation of the process. A nurse demonstrating proficiency in pedagogy integrates a high degree of self-reflection (personal and professional) based on the analysis of experience and critical action, thus demonstrating an understanding of educational activities and internalisation.

4. Reflection as a component of proficient activity – a constituent part of pedagogical skills

The analysis of proficiency structure, focusing on the education work of the patient, is based not only on comprehensive knowledge, but also on individual values, responsibility, sequential and logical process accompanied by an intellectual skill of reflection. Reflection is based on the assessment of the evidence (verbal, non-verbal), the interpretation of which in the cognitive sphere provides an alternative activity, understanding the context of future relations. “Analysis of personal reflection is a challenge to improve the professional and personal experience” (Marilyn, et. all 2011). Reflection, within the framework of proficient patient education, is an analytical process of a regular “positive routine” activity, feedback from participants and of the personal performance based on cognitive, structural knowledge. Using reflection before action, if the action is planned, during and after the action integrating numerous reflection types according to her experience and knowledge, a nurse develops her personal expertise. Reflection expertise in the analysis of the content of the pedagogical process, the feelings based on the feedback received provide the opportunities for the modelling of the activity during its process. R. Harris (Harris, 1993) describes the diversity of reflection: reflection on the possibilities – putting forward the aim, reflection in action and internalisation or a follow-up reflection.

4. Table Reflection types in the situational context of planned patient education

<table>
<thead>
<tr>
<th>Reflection type</th>
<th>Description</th>
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<tbody>
<tr>
<td>Theoretical reflection</td>
<td>The nurse plans and analyzes future communicative or procedural action using educational methods corresponding to the case, based on declarative (what to do), procedural (how to do) and conceptual (why exactly this method or strategy of activity) reflection in the context of planned patient education</td>
</tr>
<tr>
<td>Technical reflection</td>
<td>Each educator/ teacher develops their reflections on the experience and understanding through critical disposition applying large-scale problem solving capabilities</td>
</tr>
<tr>
<td>Reflection on if to act and how to act</td>
<td>Thinking involves continuous assessment creating a balance between new and critical information</td>
</tr>
<tr>
<td>Cognitive reflection</td>
<td>Holistic assessment of the situation, seeing and stating the total view of the current case, including non-verbal attributes</td>
</tr>
<tr>
<td>Narrative reflection</td>
<td>Analysis of patient dialogue, story (voice timbre, content)</td>
</tr>
</tbody>
</table>
Critical reflection: The assessment of patient's level of knowledge and perception, epistemological understanding of the volume of patient's knowledge (what and how he/she knows), detailed analysis of the components of the case and intuitive predictions of the development of the situation.

Evaluation reflection: The nurse assesses the patient's verbal and non-verbal responses during and after the educational process, and makes certain that the communication, activities and teaching methods correspond to the case, sees intuitively basing on considerable experience and practice, and feels and specifies the questions the patient has not asked about the situation. Reflecting on her own assumptions, she analyzes the success of the case and imperfections, in general the need to repeat what has been said or to apply another educational method. Procedural autonomy and socially responsible behaviour, changing the tactics and educational methods if necessary.

Personal reflection: Listening to their inner voice

In case of an unplanned patient education situation, there is no theoretical reflection. “Reflection promotes professional, personal development, critical thinking, as well as the results of practice” (Jasper, 2006). Researchers (Strode, 2010; Jarvis, 1992) point out that reflection promotes creativity in pedagogical practice. In the evaluation activity in the context of pedagogical practice proficiency a nurse integrates circular reflection or the model (Driscoll, 2007) of structured reflection described by the authors Bulman and Schutz (Bulman & Schutz, 2008, 2013), depending on the amount of time of the educational episode.

Fig.2. Schematic design of integrated reflection of the pedagogical aspect of proficiency

A nurse, whose professional skills meet the proficiency level, is able to apply different spectra of reflection with professional responsibility in order to optimize her activity, to reduce the patient's actual or potential cognitive dissonance. In the process of patient education synchronous or asynchronous communication is possible. Integration of reflections provides the analysis of the amount of patient understands (if the patient's condition permits) in connection with their feedback.

The professional development in the field of pedagogy in educating patients cannot develop in vacuum. The term – proficient is synonymous with high professionalism that is formed complementary by a high degree of nurses’ competence development. Nurses’ pedagogical proficiency is based on a set of competencies, which is supported by a wide range of regular activities in health maintenance, improvement or disease prevention, by continuous application of pedagogical skills, evidence-based learning in a formal, non-formal and informal way.

Conclusions

In the course of Summarizing the theoretical material, as well as having conducted sub-analysis of the studies mentioned in the presentation, it can be concluded that professional proficiency is individually developed.
professional approach, where the activities focus on procedural, subjective, conceptual and meta-cognitive knowledge and integrate in experience and intuition.

Nurses’ proficiency skills in the field of pedagogy promote the cognitive development of patients/relatives/public understanding of the current situation and prospects that can build motivation or reconstruct the system of values of the parties involved. Nurses can professionally position themselves as a knowledgeable health care team member, comprehensively transforming the knowledge necessary for patient/relatives/public in to areas of health maintenance, improvement or disease prevention.

Carrying out the education of patients, apart from methodological knowledge of pedagogy verbal, non-verbal communication competencies and personal attitudes are crucial for nurses.

Diverse reflection competence is an inseparable component of proficiency when analysing the content of a planned and unplanned pedagogical process, perception and understanding, reactions of people involved in the verbal and non-verbal pedagogical process, that indicate the ability to mobilize for the perception of information, as well as perspective modelling of the potential educational process which promotes health maintenance, improvement or disease prevention.

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